

Dear Editor,

There have recently been several articles and inquiries related to “Dry Mouth Syndrome” published in the Victoria Advocate and the tooth decay related to decreased salivary flow. Tooth decay is either a disease caused by lack of education or a disease of choice in the educated. Regardless of cause, “Dry Mouth Syndrome” can lead to decay. The following are my opinions addressing some of the things every patient needs to know about “Dry Mouth”, after three decades of experience, practice, research, and teaching .

There are two stages in life when a person is particularly susceptible to decay, before twenty years of age, and after fifty years of age. As you age, saliva flow will decrease and you will lose the natural bathing of the teeth with saliva that helps prevent an acid environment and the loss of calcium.

Regardless of how resistant to decay a person has been in the past, this can change in a heartbeat when “Dry Mouth Syndrome” develops. When this change takes place, what you, the patient, have been doing over your lifetime most likely will be insufficient to stop decay unless some major steps are taken to intervene in the decay process. The first step is in establishing a preventative lifestyle before it is necessary.

Most patients and their care givers are stumped when it comes to managing the oral effects that are best described as “Dry Mouth Syndrome.” Saliva is your first line of defense against decay. Not only is “Dry Mouth Syndrome” a common consequence to taking one or more of the more than 1000 medications that can contribute to oral disease resulting from reduced salivary flow (“Dry Mouth), most professionals who are prescribing these drugs are also unaware that the drugs can and do have tragic consequences on the teeth particularly in our ageing population.

Diabetes, Sjögren’s Syndrome, chemotherapy (cancer), anti-depressant drugs, anti-hypertensives are among the infinite causes and combinations that can lead to increased carries susceptibility by restricting or altering salivary flow and quality.

Sjögren’s Syndrome is apparently one of the most under diagnosed diseases affecting the oral structures. It is at least as common as Rheumatoid arthritis, and the patient population that is statistically suffering from "Dry Mouth Syndrome" is four times greater than the specific diagnosis of patients with Sjögren’s Syndrome.

If you are taking any drug that can decrease salivary flow and/or quality, i.e. drugs for high blood pressure, diabetes, allergies, etc., these drugs can and will increase your risk of decay. Diabetes, Cancer (Chemotherapy), Anti Histamines, High Blood Pressure drugs (anti-hypertensives) Sjögren’s Syndrome, and anti-depressant drugs, are among the infinite causes and combinations that can lead to increased decay susceptibility by restricting or altering salivary flow and quality, resulting in “Dry Mouth”.

There are two parts to the decay equation: The presence of the bacteria that cause decay and the damage the bacteria do to teeth.

There are many approaches to reducing the presence of bacteria. Keeping the mouth wet

has benefits against “Dry Mouth” and decay, but using common sense with rehydration is essential. The patient loses the natural bathing of the teeth with saliva that helps prevent an acid environment and the loss of calcium. Flavored commercial drinks are simply out of the question. Many patients with “Dry Mouth” will naturally seek a pleasurable commercial drink to sip throughout the day to alleviate “Dry Mouth”. Almost all commercial drinks are acidic, which helps cause Calcium loss from the teeth and promotes decay. Get rid of commercial drinks.

Simply drinking water or artificially sweetened home brewed tea has health benefits. Tea, particularly green tea, has antioxidants that help reduce the incident of various cancers and will delay the onset of diabetes in people genetically susceptible to diabetes. Tea also has Fluoride, which helps harden teeth and bone. Societies that drink tea have later onset of osteoporosis, an additional health benefit for women, extending their lives. Sweeten the tea with Splenda or Xylitol, and tea makes a great drink!

There are other simple and cheap things that can be done to help neutralize the acid condition that accompanies “Dry Mouth”. Chewing sugar free Tums two or three times a day neutralizes mouth acids and has other health benefits. Brushing the gums with Baking Soda helps neutralize acid. Milk with meals also is a good Calcium supplement. There are several breath sprays that have Xylitol than can help. (TheraSpray by Omni is a breath spray with Xylitol available over the counter.) There are several toothpastes that are specifically formulated for “Dry Mouth” patients that contain “Xylitol”. Avoid over-the-counter mouthwashes with alcohol. Alcohol dries the tissues of the mouth further, and can contribute to “Dry Mouth” and decay. Also, most mouthwashes are acidic, with also contributes to decay!

Tooth decay from “Dry Mouth Syndrome” is something that will adversely affect the vast majority of people sometime in their lifetime unless a very conscious step is taken at some time to alter oral hygiene habits. Probably one of the most damaging and lingering problems facing dental patients throughout their life results from teaching five year old children how to brush their teeth. We should instead teach children how to brush their gums!

Now that you have recovered from that shock, here’s what happens. Teeth are brushed properly only when the patient concentrates on brushing the gums and teeth in an up and down or rotary motion. What we do when we teach five year olds to “brush their teeth” is we allow them to saw back and forth on their baby teeth, the only motion a five year old is capable of mastering in oral hygiene.

So, what happens when the permanent teeth erupt? Flash forward a quarter of a century. Most adults still have habits that are related to brushing the baby teeth they have long since lost. If you live long enough, a bad brushing habit will eventually cost you your teeth. How? Fortunately, in general, most people are susceptible to decay only during two periods of their life, before 20 years of age, and after fifty years of age. When permanent teeth erupt, they go through a hardening stage that lasts for several years, and makes the teeth more resistant to decay by age 20. What happens after fifty years of age? Not only age, but any disease that affects the immune system, depression, diabetes, asthma, high

blood pressure, etc, can promote serious decay, particularly at the gum line as gumlines inevitably recede with age!

Solutions? To make a long story short, the patient must concentrate on brushing their teeth AND GUMS in an up and down or rotary motion. While some patients can relearn how to brush with a manual tooth brush, we seldom see a patient who adequately masters tooth brushing with a manual tooth brush!!!! The easiest solution lies in breaking the habit by switching to an electric toothbrush. We tell our patients that they will not break the habit of bad brushing unless they brush in an unfamiliar place, anywhere but standing in front of the bathroom mirror. Looking in the mirror is pointless. You simply cannot see over 80% of the areas that need to be brushed. (The shower is the best place for oral hygiene.) While the little pink tablets help and any place that accumulates plaque will show up, patients must re-learn to brush their teeth by “feel”. They must feel the tooth brush follow ALL of the tooth gum lines with the brush. Learn how to brush those areas by “feel”.

Tooth brushing: What you brush your teeth with is not as important as how you brush your teeth. Learn how to brush all the surfaces of the mouth, including your tongue. The tongue harbors the most bacteria associated with bad breath, and is a reservoir for re-infection of the teeth and sinuses. Baby boomers that never used tooth paste have fewer problems with their teeth than those who did use tooth paste because the original tooth pastes had sugar in them. Plain Baking Soda on a tooth brush sanitized by dipping the tooth brush in a small amount of Peroxide is the cheapest “tooth paste” and is equally effective as any brand of tooth paste in removing stain from teeth. The peroxide may also prevent re-infection of the tooth brush, lessening the length of infections from colds and flu. Be sure to sanitize all tooth brushes regularly.

That still leaves the areas between the teeth that are most susceptible to gum disease and serious decay, and most adults have some gum disease. Floss is great when a person is young, but gum tissue and bone does recede naturally with age, making floss less effective. The more root surface exposed, the less effective is floss. Using an appropriately sized interproximal brush between the teeth will virtually eliminate gum disease and root decay in places floss cannot reach. You have three choices for care between your teeth. Floss, interproximal brushes, or eventually lose your teeth if you live long enough.

Interproximal brushes are the best for cleaning between the teeth.

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Picture:

This young patient improperly brushed the teeth every day, and there is now serious gumline decay on the cuspid. The teeth on either side were in the brushed area and did not decay. Nobody had taught the patient to “brush the gums.”



Picture of Patient's teeth that are dissolving because of uncontrolled "Dry Mouth". Even though the patient is removing tooth structure by hard brushing just above the gumline, decay is occurring at the gumline because the patient is not brushing the gums.

